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CONFIRMATION NO. 7710

<b>SERIAL NUMBER</b> 10/706,100	<b>FILING OR 371(c) DATE</b> 11/12/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> SER-001	
<b>APPLICANTS</b> Seymour H. Fein, New Canaan, CT; <b>** CONTINUING DATA *****</b> This application is a CIP of PCT/US03/14463 05/06/2003 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0210397.6 05/07/2002 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/04/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 51414					
<b>TITLE</b> PHARMACEUTICAL COMPOSITIONS INCLUDING LOW DOSAGES OF DESMOPRESSIN					
<b>FILING FEE RECEIVED</b> 836	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		